WEST HARTFORD-BLOOMFIELD HEALTH DISTRICT
580 Cottage Grove Road, Suite 100, Bloomfield, CT 06002
(860) 561-7900, FAX (860) 561-7918

FOR OFFICE USE ONLY

Class: _____

Fee Paid: _____

Check #: _____

Recpt #: _____

APPLICATION FOR SALON LICENSE

ALL SECTIONS MUST BE FILLED IN

NAME OF ESTABLISHMENT: _____
ADDRESS: _____ PHONE NO. _____
MAILING ADDRESS (IF DIFFERENT): _____

NAME OF OPERATOR: _____
ADDRESS: _____ PHONE NO. _____

NAME OF OWNER (IF DIFFERENT FROM OPERATOR):_____
ADDRESS: _____ PHONE NO. _____

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SERVICES PROVIDED: (check all that apply)

- ☐ Barbering
- ☐ Hairdressing
- ☐ Cosmetology
- ☐ Nail
- ☐ Tanning
- ☐ Tattoo
- ☐ Body Piercing

HOURS OF OPERATION	
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

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ON BACK OF FORM PLEASE LIST NAMES AND LICENSE NUMBERS OF ALL LICENSED PERSONNEL AND PROVIDE COPIES OF ALL APPLICABLE CT STATE LICENSES

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The undersigned agrees to comply with any and all ordinances and regulations of the Town of West Hartford and the State of Connecticut. The WHBHD must be notified of any changes in ownership, location or renovation. Permits are not transferable between salon owners and locations.

SIGNATURE OF OWNER DATE

PLEASE PRINT NAME

(Please turn page over for additional information)

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Licensed Personnel	License Number(s)